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## *Facsimile Transmittal*

DATE: 6/21/06

TO: USPTO

ATTN: AMENDMENT

RE: Serial No. 10/688,145

FAX : 571-273-8300

FROM: George C. Pappas

Number of Pages Sent: (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT IN 11  
PAGES; TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

6/21/06  
(Date of Deposit)

Darla D. Kasmedo  
(Name of the Person Making the Deposit)

(Signature)

AMENDMENT TRANSMITTAL FORM

Mall Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 030349  
In Re Application of: LI  
Serial Number: 10/688,145  
Filed: 10/17/03  
Examiner: Ahn  
Group Art Unit: 2637

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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	26	26	0	x \$50 =	\$0
Independent**	7	7	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES				<input checked="" type="checkbox"/> One Month	\$120
				<input type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$120

\*If the number in column a is less than 20, enter 0 in column c.  
\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.  
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.  
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 6/21/06

Signature:

George C. Pappas, Reg. No. 35,065  
858-651-1306

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

/BY  
KENYON JENCKES  
REG. NO. 41,873

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: 6/21/06

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla K. Kameda  
(type or print name)

Signature: \_\_\_\_\_

(TRANSAMD.VER1.13-04/30/04)

Appl. No. 10/688,145  
Amdt. dated 6/21/06  
Reply to Office Action of 2/22/06

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PATENT  
Docket: 030349

JUN 21 2006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<b>In Re Application of</b> <b>Tao Li</b>	<b>For: DATA DEMODULATION FOR A</b> <b>CDMA COMMUNICATION</b> <b>SYSTEM</b>
<b>Serial No. 10/688,145</b>	<b>Examiner: Sam Ahn</b>
<b>Filed: 10/17/2003</b>	<b>Group No. 2637</b>

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 22, 2006, please amend the above-identified application as follows. Applicant through his attorney respectfully requests that the three-month statutory period for response due May 22, 2006, be extended one (1) month to June 22, 2006. Please charge Deposit Account No. 17-0026 the amount of \$120.00 to pay the necessary fee due.

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

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Depositor's Name: Darla Kasmeda  
(type or print name)

Signature: \_\_\_\_\_